

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000007770

1. Entity Name

BUSINESS OPPORTUNITIES GROUP, INC.

Principal Place of Business

610 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750

Mailing Address

610 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0543204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARMA, BOBBY-A
610 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUMBRA, JIM	
STREET ADDRESS	2250 LUCIEN WAY SUITE 301	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNEILL, STEVE	
STREET ADDRESS	1245 WEST FAIRBANKS AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANISLOW, BILL	
STREET ADDRESS	1028 WEST WASHINGTON STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORNING, JEAN	
STREET ADDRESS	13376 LAKE TURNBERRY CIR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANDLER, TERRY	
STREET ADDRESS	1581 HOBSON ST	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOWNEY, PAUL	
STREET ADDRESS	871 SUNSHINE LANE SUITE 117	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Boyd	
STREET ADDRESS	306 Latimer Street, #308	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve MacGeorge	
STREET ADDRESS	102 Florida Haven Drive	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Hartlieb	
STREET ADDRESS	4306 Old Dominion Road	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/25/02

Date

Daytime Phone #

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-21-2002 90861 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)